

ISSUE SLIP S. 35 (b) AREA (for additional cross-references)

POSITION	ID NO.	DATE
FEE DETERMINATION	32	3/2
O.I.P.E. CLASSIFIER	706	3/13/01
FORMALITY REVIEW	1077	6/20/01
RESPONSE FORMALITY REVIEW		

INDEX OF CLAIMS

* _____ Rejected
 - _____ Allowed
 (Through memo) _____ Cancelled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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